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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

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 Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
02/222,002	07/03/94	003	LUONG, V.	3502 01/02/97

First Name

Applicant

MANARAS,

MICHEL

TITLE OF

INVENTION

OVERRIDE DEVICE FOR ALLOWING MANUAL OPERATION OF A CLOSURE NORMALLY DRIVEN BY AN ELECTRIC MOTOR

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 104589USM.TSA	074-567.000	103	UTILITY	YES	\$645.00	04/02/97

3. Correspondence address change (Complete only if there is a change)



4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 SWABEY OGILVY RENAULT

2 _____

3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

(2) ADDRESS: (CITY & STATE OR COUNTRY):

A. This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office.

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Michel Sofia Reg. No. 37017 April 1/97 (Date)

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Accounting Date	Sequence Num.	Fee Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
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12/11/2006	00000200	1	<u>2814</u>	\$65.00	12/08/2006	DA 195113
02/27/2002	00000082	1	<u>581</u>	\$120.00	02/22/2002	CK
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